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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APR 18 2006

Applicant(s): Lintel HL, et al.

Application No.: 09/496,783

Filed: 2/3/2000

Title: Healthcare Information Network

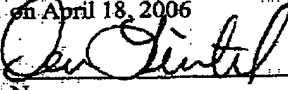
Attorney Docket No.: ZANS.10001NP

Group Art Unit: 3626

Examiner: Morgan, Robert W.

Tech Grp Fax: (571) 273-8300

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on April 18, 2006



Name

April 18, 2006

Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

FEE TRANSMITTAL

Dear Sir:

The Commissioner is hereby authorized to charge a fee of \$450 as specified in the attached document to Deposit Account No. 01-1615 of Anderson, Levine & Lintel, L.L.P. Applicant notes that at the time the RCE and Extension fee was authorized, the fee would have been \$430. The Commissioner is hereby authorized to charge any additional fees (including fees for an extension of time) or credit any overpayment to Deposit Account No. 01-1615. If there are any questions, please notify Alan Lintel at 972-664-9595 immediately.

Respectfully Submitted,

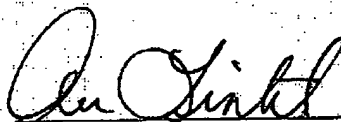
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01 FC:2801 395.00 DA

04/19/2006 EAYALEW1 00000053 011615 09496783

02 FC:2251 60.00 DA

April 18, 2006  
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**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

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SERIAL NUMBER

FILING DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

09/496783

EXAMINER

ARTICLE

PAPER NUMBER

DATE MAILED

**INFORMALITY RE-PAYMENT OF FEE**

 The informality regarding the payment of the fee in connection with ☐ the original filing fee ☐ the amendment filed \_\_\_\_\_ is indicated below.

**A. FEE DUE**

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. \_\_\_\_\_ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ \_\_\_\_\_ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance authorization is due within the period set below.
4. ☐ The filing fee of \$ \_\_\_\_\_ submitted in this application is insufficient.

A balance of \$ \_\_\_\_\_ is due for additional claims.

5. ☒ **RCE AND EXTENSION FEE WAS OVERLOOKED FROM MARCH 2003. \$450.00 IS DUE. INSUFFICIENT FUNDS WERE IN DEPOSIT ACCOUNT. APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, DEPOSIT OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ \_\_\_\_\_.**

**PLEASE SUBMIT AS SOON AS POSSIBLE SO THIS CASE CAN BE ALLOWED.**
**B. EXCESS PAYMENT:**

5. ☐ It is noted that payment of \$ \_\_\_\_\_ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration

 Susan Ellis  
CLERK OF GROUP

571-272-6588

PTOL-319 (REV. 3-02)

MM-DC 62-3656-PF

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